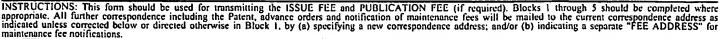
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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indicated unless correct maintenance fee notifica	ed below or directed otl	nerwise in Block I, by (a	a) specifying a new corres	pondence address; ar	nd/or (b) indicating a sepa	correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPOND	•	ock 1 for any change of address)	pape	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A	TTORNEY DOCKET NO.	CONFIRMATION NO.
10/733,959	12/11/2003	· · · · · · · · · · · · · · · · · · ·	Abdo Esmail Abdo		ROC920020192US1	8764
TITLE OF INVENTION	I: APPARATUS AND M	IETHOD FOR ESTIMAT	ING CARDINALITY WH	IEN DATA SKEW IS	PRESENT	
			•			
	•					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/07/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
LE, MICHAEL		2163	707-100000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Martin & Associates, Li						
	oondence address (or Cha B/122) attached.		or agents OR, alternative			,
Tree Address" ind	lication (or "Fee Address 02 or more recent) attact	" Indication form	2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 82/28/280/			
•		A TO BE BUINTED ON	THE PATENT (print or typ	· a)		10/33/3/
PLEASE NOTE: Un	less an assignee is ident	ified below, no assignee	• • • • • • • • • • • • • • • • • • • •	atent. If din a signification	1400.00 DA is identified solly contocal	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
INTERNATION	AL BUSINESS MA	ACHINES CORPOR	ATION, Armonk,	New York 1	0504	
Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	Individual XX Corp	oration or other private gro	oup entity Government
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
 Issue Fee ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. 						
Advance Order - # of Copies				authorized to charge	the required fee(s), any de	eficiency, or credit any in extra copy of this form).
5. Change in Entity Sta	itus (from status indicate	d above)	overpayment, to Depo	sa Account Number	03-0403 (chelose a	in extra copy of this form,
	is SMALL ENTITY state		☐ b. Applicant is no long	ger claiming SMALL	ENTITY status. See 37 C	FR 1.27(g)(2).
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Authorized Signature		J. KIL	<u>/</u>		nuary 30, 2007	
Typed or printed name	\ 			Registration No.		
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